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RUEHBK/AMEMBASSY BANGKOK 8299  
RUEHBY/AMEMBASSY CANBERRA 1908  
RUEHFR/AMEMBASSY PARIS 1078  
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UNCLAS SECTION 01 OF 02 JAKARTA 000137

SIPDIS

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SENSITIVE

DEPT FOR EAP/MTS, G/AIAG AND OES  
USAID FOR ANE/CLEMENTS AND GH/CARROLL  
DEPT ALSO PASS TO HHS/WSTEIGER/ABHAT/MSTLOUIS AND HHS/NIH  
GENEVA FOR WHO/HOHMAN  
USDA FOR D U/S LAMBERT  
USDA/FAS/OSTA AND USDA/APHIS ANNELLI

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TAGS: [TBIO](#) [AMED](#) [CASC](#) [EAGR](#) [AMGT](#) [PGOV](#) [ID](#)

SUBJECT: AVIAN INFLUENZA: REQUEST FOR PROGRAMMATIC REVIEW

FROM AMBASSADOR HUME TO AMBASSADOR LANGE

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Summary  
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1.(SBU) The avian influenza situation in Indonesia, although not now a crisis, remains alarming. Our multiagency team is working hard on avian influenza issues. We continue to press Indonesia to recommence human sample sharing while simultaneously providing assistance to improve the capacity to manage AI on both the human and animal sides. We're making some progress on animal surveillance, but Indonesia lacks the capacity and commitment to aggressively tackle this problem. The time is right for an external review of our more than \$30 million in AI program assistance. Given the scope of the AI problem here and the potential for a pandemic, I do not believe our program should be cut. But we should make sure that our money is being spent in the best possible way. End Summary.

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Human AI: Higher Mortality and Less Access to Samples  
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2.(U) Indonesia leads the world in human AI infections with 120 confirmed cases and 97 deaths. From a public health standpoint, Indonesia has made minimal progress in early detection and clinical management of disease. Despite efforts to increase public awareness and the triage of suspected patients reporting to reference hospitals, the monthly number of cases remains constant. Indonesia's case fatality rate - 86 percent in 2007 - is the highest in the world. Indonesia lacks basic procedures to limit public health risk. Despite evidence of limited unsustained human-to-human transmission, the Ministry of Health (MOH) has been slow to address basic quarantine procedures. Last week, hospital authorities allowed the family of a woman with confirmed AI to take her home to die rather than move her to quarantine in another hospital. Failure to address these issues could contribute to epidemic or possible pandemic spread of the disease.

3.(SBU) International research on risk assessment, virus mutation and vaccine development has been stymied since Minister of Health Supari blocked human sample sharing in January 2007. Since then, Indonesia has shipped samples from only four of 39 patients. Of these, only one virus was isolated and characterized.

4.(U) USAID supports human surveillance and public education. USAID is also providing assistance to the national avian influenza commission, KOMNAS. USAID and the Centers for Disease Control CDC train scientists at the national laboratory Litbangkes.

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Poultry: Challenges But Signs of Progress As Well  
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15. (SBU) Challenges abound in the agriculture sector as well. AI has been rampant in the country since July 2003. In the nearly five years since the first outbreaks, little has been done to restructure poultry production, transport, or marketing in an effort to control the disease. International veterinary experts agree that controlling the virus in poultry would take five to ten years of sustained efforts. But indifferent senior leadership within the Ministry of Agriculture has resulted in limited funding and support for its teams of technical officers. Decentralization of government authority and budgets to local governments, and weak regulatory and monitoring policies across the board further limit the authority of central government to tackle this issue. The GOI has inadequate control over commercial poultry producers, poultry markets and movement of poultry around the country. Veterinary capacity is also severely limited.

16. (U) But there has been progress as well. With USAID assistance, disease surveillance is up and running in 159 districts and expanding to 308 districts by June 2008. With the network in place

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and teams trained and supported to conduct field activities, authorities can better track the virus in poultry. We now know, for example, that the virus has been reported in poultry in 286 of 344 districts and that it is endemic in Java, Bali and parts of Sumatra and Sulawesi, but remains sporadic in Kalimantan and other areas of Indonesia.

17. (SBU) The Ministry of Agriculture continues to share samples despite pressure from the Ministry of Health to stop. The Ministry is aware that animal virus sharing is essential for the development of an effective vaccine. USAID is funding FAO and World Organization for Animal Health (OIE) laboratories to develop a new vaccine for Indonesia and leading the effort to intensify an effective control program.

18. (U) USDA/APHIS has supported training and education efforts aimed at upgrading biosecurity and biosafety of local markets, improving the diagnostic capability of Ministry of Agriculture laboratories and private sector quantitative methods, and strengthening district-level epidemiological skills. USDA/APHIS has also worked closely with Indonesian scientists on a number of avian vaccine challenge trials at the South East Poultry Research Laboratory in Athens, Georgia.

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Expert Assessment Needed  
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19. (SBU) Given Indonesia's position as the epicenter of avian influenza, we must combat the spread of the disease here as part of the President's forward strategy. But we must also ensure that our resources are being spent in the most effective way. We need an external review of our avian influenza program assistance to evaluate whether to adjust current efforts to meet the challenges ahead. I have asked the Embassy's Avian Influenza Working Group in Jakarta to work with your office to develop the terms of reference and to contract with an independent, external organization to conduct such a review over the next four months.

110. (SBU) Ambassador's comment: There are now alarming signs that

the risks are growing: the disease is endemic among poultry; human case-load (unlike elsewhere) is constant and surveillance inadequate; effectiveness of tamiflu is unknown and mortality rate increasing; and, the true epicenter is the township (Tangerang) in which Jakarta's international airport is located. The Indonesian government seems oblivious to the risks, and local authorities have just sharply decreased funding for AI programs in Tangerang. Perhaps we do not yet have a full-blown crisis on our hands, but we could soon. End comment.

HUME